

Los Angeles County Sheriff's Department

Officer Involved Shooting

Page 1 of 4

Report Date: 4/12/17		Bureau/Station/Facility: Century Sheriff's Station		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 017-05737-2176-013		Date: 4/12/17		Time: 0115	
City or Station: Century Sheriff's Station		Nature of Incident: Deputies Timothy Gannon and Shane Lattuca shot and killed Suspect Zelalem Ewnetu during a vehicle burglary investigation.			
Location: North/South Alley Between 91st and 92nd Streets, East of Compton Avenue, Los Angeles					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: Alley Way		Lighting (check only one): <input checked="" type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: Less than 15 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol			
Total # of Shots Fired by Deputy 13		Total # of Shots Fired by Suspect 0			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Bowley	Jason		<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Strong	Dru	E		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Holguin	Daniel			

SH # 2425342

Method

Type of Injury

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Baretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

(RM) Refused Med Treatment
(NN) NONE

Caliber

9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
20)	20 gauge	(35)	.357 caliber	(50)	50 mm
21)	.22-250	(36)	30-60 caliber	(SL)	Slug
22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)

[illegible]

Officer Involved Shooting Involved Employee Information

URN: 017-05737-2176-013

Page 3 of 4

Involved Employee									
E 1	Employee #		Last Name			First Name		M.I.	
			Gannon			Timothy		M	
	Sex: M	Race: W	Rank: Deputy Sheriff		Unit Assignment: Century		Work Assignment (Unit #, Module, etc.): 216F		
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: 6.5		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:		
	Age: 511		Height: 180		Uniform no Vest <input type="checkbox"/> Uniform w/ Vest <input checked="" type="checkbox"/>				
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>
	Weapons Fired Brand: Berreta		Caliber: 9MM		# Shots: 2		Weapons Fired Brand:		Caliber: <input type="checkbox"/>
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
E 2	Employee #		Last Name			First Name		M.I.	
			Lattuca			Shane		M	
	Sex: M	Race: W	Rank: Deputy Sheriff		Unit Assignment: Century		Work Assignment (Unit #, Module, etc.): 216F		
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: 7		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:		
	Age: 600		Height: 240		Uniform no Vest <input type="checkbox"/> Uniform w/ Vest <input checked="" type="checkbox"/>				
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>
	Weapons Fired Brand: S&W M&P		Caliber: 9MM		# Shots: 11		Weapons Fired Brand:		Caliber: <input type="checkbox"/>
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.	
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:		
	Age:		Height:		Uniform no Vest <input type="checkbox"/> Uniform w/ Vest <input type="checkbox"/>				
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: <input type="checkbox"/>
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			

Officer Involved Shooting Suspect Information

URN: 017-05737-2176-013

Page 4 of 4

Suspect Information										
S 1	Last Name			Ewnetu			First Name			Zelalem
	M.I.						M.I.			E
	AKA Last Name						First Name			
	M.I.						M.I.			
	Sex:	M	Race:	B	Street Address:	City:			State & Zip Code:	
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:	28	D.O.B.:	5/06/88	Height:	511	Weight:	160	FBI #:	CII #:
	Booking #:				Primary Charge:	245(d) (2) PC			Secondary Charge:	
	Coroner Case?	<input checked="" type="checkbox"/>	Coroner Case #:	2017-02831			Intoxication/Drug Usage?	<input checked="" type="checkbox"/>	Substance Used:	Marijuana, THC
	Armed?	<input checked="" type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?			
Vehicle Make:	Kia	Model:	Forte	Year:	2016	Parole:		Probation:		
Prior Felony Conviction:										
S	Last Name						First Name			
	M.I.						M.I.			
	AKA Last Name						First Name			
	M.I.						M.I.			
	Sex:		Race:		Street Address:	City:			State & Zip Code:	
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:		D.O.B.:		Height:		Weight:		FBI #:	CII #:
	Booking #:				Primary Charge:				Secondary Charge:	
	Coroner Case?	<input type="checkbox"/>	Coroner Case #:				Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
	Armed?	<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>		
Vehicle Make:		Model:		Year:		Parole:		Probation:		
Prior Felony Conviction:										
S	Last Name						First Name			
	M.I.						M.I.			
	AKA Last Name						First Name			
	M.I.						M.I.			
	Sex:		Race:		Street Address:	City:			State & Zip Code:	
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:		D.O.B.:		Height:		Weight:		FBI #:	CII #:
	Booking #:				Primary Charge:				Secondary Charge:	
	Coroner Case?	<input type="checkbox"/>	Coroner Case #:				Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
	Armed?	<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>		
Vehicle Make:	Kia	Model:	Forte	Year:		Parole:		Probation:		
Prior Felony Conviction:										
S	Last Name						First Name			
	M.I.						M.I.			
	AKA Last Name						First Name			
	M.I.						M.I.			
	Sex:		Race:		Street Address:	City:			State & Zip Code:	
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:		D.O.B.:		Height:		Weight:		FBI #:	CII #:
	Booking #:				Primary Charge:				Secondary Charge:	
	Coroner Case?	<input type="checkbox"/>	Coroner Case #:				Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
	Armed?	<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>		
Vehicle Make:		Model:		Year:		Parole:		Probation:		
Prior Felony Conviction:										